PTO/SB/05(05-03)
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| ب  | PA   | TENT WOOLVE                               | CATIO      | N EEE DETE                                  | incosto respor   | <u>A t</u> | LDECODE            | nu noiteimok            | ess it displ               | alz a Aorig Orig                          | Control number.         |  |
|--|--|---|------------|---|------------------|------------|--------------------|-------------------------|----------------------------|---|-------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875   |  |   |            |   |                  |            |                    |                         | Arrycation & Ovelet Number |   |                         |  |
| CLAIMS AS FILED — PART I  (Column 1) (Column 2) SMALL EN   |  |   |            |   |                  |            |                    | ENTITY                  | or /                       | OHER THAN SMALL ENTITY                    |                         |  |
| FOR NUMBER FILED   |  |   |            | · NUMB                                      | ER EXTRA .       |            | RATE               | FCE                     |                            | RATE                                      | FEE                     |  |
| (37 CFR 1.16(a))   |  |   |            |   | • •              | ĺ          |                    | <b>3</b> 2              | OR                         |   | ,                       |  |
|  | TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = -                               |   |            | 0 =   |                  | 7          | X 1 =              |                         | 1                          |   |                         |  |
|  | EPENDENT CLA<br>CFR 1.16(b))   | IMS .                                     | minus      | 3 -   | · · · ·          | 1          |                    | <del></del>             | OR:                        | X S=                                      | <del></del>             |  |
|  |  |   |            |   | <del> </del>     | +          | · , , _ =          | <u> </u>                | OR                         | × s =                                     |                         |  |
|  |  |   |            |   |                  |            |                    |                         | OR                         | +4:-=                                     |                         |  |
| . 10   | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |            |   |                  |            | TOTAL              | L                       | OR                         | MIOI                                      | Ĺ                       |  |
| CLAIMS AS AMENDED - PART II  |  |   |            |   |                  |            |                    |                         |                            |   |                         |  |
| 14   | do 00  | (Column 1)                                | ,          | (Column 2)                                  | (Column 3)       | _          | SMALL              | MITTY                   | OR                         | _   | R THAN<br><b>ENTITY</b> |  |
| -  |  | CLAIMS<br>REMAINING<br>AFTER              |            | HIGHEST .<br>NUMBER<br>PREVIOUSLY           | PRESENT<br>EXTRA |            | RATE               | ADOI:<br>TIONAL         |                            | RATE                                      | ADDI-                   |  |
| AMENOMENT  | Total  | AMENOMENT                                 |            | PAID FOR                                    |                  |            |                    | FEG                     |                            |   | TIONAL<br>FEE           |  |
|  | (37 CFR 1.14(c))   | / /                                       | Minus      | 25  |                  |            | A S =              |                         | OR                         | X S=                                      |                         |  |
| AE   | (37 CFR 1.16(b))   | 5   | Minus      | 7   |                  |            | X 5=               | . [                     | OR                         | x s =                                     |                         |  |
| A  | FIRST PRESENT  | TATION OF MULTIPL                         | E DEPENO   | ENT CONF. (3) CO                            | B 1 16(a))       |            | + 5 =              |                         | OR                         | + s =                                     |                         |  |
|  |  |   |            |   |                  | د          | TOTAL<br>ADD'L FEE | _                       | OP                         | . JATOT                                   |                         |  |
|  | •  | (Column 1)                                |            | (Ca) 21                                     |                  |            | · voocuee (        |                         |                            | :<br>************************************ |                         |  |
|  |  | CLAHAS                                    | 7 7        | (Column 2)                                  | (Column 3)       | 7          |                    | :                       |                            | ·   | <u> </u>                |  |
| AMENOMENT  |  | REMAINING<br>AFTER<br>AMENDMENT           |            | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |            | RATE               | ADOI.<br>FEE            |                            | RATE                                      | ADDI-<br>TIONAL<br>FEE  |  |
|  | (११ द्धार १.१६८॥<br>(११ द्धार १.१६८॥                                     | •   | Minus      |   | = .              |            | X 3=               |                         | OR                         | K 1 =                                     | , ,                     |  |
|  | Independent<br>(37 CFR 1.16(u))  | •   | Minus      | •••   | =                |            |                    |                         | 01.                        |   |                         |  |
| A  | SHIST PRESENTATION OF GOLDINGS DEPENDENT COME (2) CIR . 1566 .           |   |            |   |                  | .,         |                    | 00                      |                            | ·   |                         |  |
|  | ·····  |   |            |   |                  | ر.         | 101AL<br>A00'l FEE |                         | OR (                       | TOTAL<br>AOO'I, FEE                       | ·                       |  |
| Ŀ  |  | (Column 2)                                | :          | <del></del>                                 |                  | [          |                    |                         |                            |   |                         |  |
| ENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            | RATE               | ADDI:<br>TADIYAL<br>FEE |                            | RATE                                      | ADDI-<br>TIONAL         |  |
|  | Total<br>(3) CFA 1.16(ch   | -   | Minus      |   | =                |            | k1 =               |                         | 00                         | * 3(C) ( 12) (                            | State Land              |  |
| ENE  | Independent<br>(3) CFR 1 16(6))  |   | Minus      | •••   | =                |            | ), j =             |                         | OR                         |   | eren -                  |  |
| AM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CCR + 1500);          |   |            |   |                  |            | .,                 |                         | OR OR                      | 1-37                                      | TO CELLULAR SERVICES    |  |
|  |  |   |            |   |                  |            |                    | <del></del>             | - · ·                      | 101AL                                     |                         |  |
|  | " A the entry of C   | Olymn Leyless tha                         | n the ente | y in column 2, was                          | e o m cranan     |            | ****** [           |                         | , Ou                       | A001.000                                  |                         |  |
| ** If the Highest Number Prevously Paid For IN THIS SPACE is test, man 20 min, 197 *** If the Highest Humber Prevously Paid For IN THIS SPACE is test from 1 miles.  |  |   |            |   |                  |            |                    |                         |                            |   |                         |  |
| The Highest Humber Previously Paid For (Loral or Independent) is the highest number found in the appropriate book in column 1. This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to fife (and by the |  |   |            |   |                  |            |                    |                         |                            |   |                         |  |